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7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISMAR 10 2008 ^{new}
Mar 10, 2008
MICHAEL V. OLSEN
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITWilliam F. Simpson Jr.
Plaintiff

v.

Warden Hulik
Defendant(s)08CV 1414
JUDGE CASTILLO
MAGISTRATE JUDGE BROWN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, William F. Simpson Jr., declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
 I.D. # B 50864 Name of prison or jail: Menard Correctional Center
 Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: NO LESS than \$27.50 +
2. Are you currently employed? ☒ Yes ☐ No
 Monthly salary or wages: 27.50 to 130.00 +
 Name and address of employer: DOL CRANE Menard Correctional Center
P.O. Box 711 Menard, Illinois 62259
 - a. If the answer is "No":
 Date of last employment: _____
 Monthly salary or wages: _____
 Name and address of last employer: _____
 - b. Are you married? ☐ Yes ☒ No
 Spouse's monthly salary or wages: _____
 Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
 Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-20-08

William F. Simpson Jr B50864
Signature of Applicant

William F. Simpson Jr B50864
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, WILLIAM SIMPSON, I.D.# B50864, has the sum of \$.79 on account to his/her credit at (name of institution) MENARD CC.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

2/26/08
DATE

Geraldine Berry
SIGNATURE OF AUTHORIZED OFFICER

GERALDINE BERRY
(Print name)

Time: 12:14pm

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Menard Correctional Center

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 08/01/2007 thru End; Inmate: B50864; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: B50864 Simpson, William

Housing Unit: MEN-SU-06-07

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							0.98
08/07/07	Payroll	20 Payroll Adjustment	219159		P/R month of 07/2007	10.36	11.34
08/20/07	Point of Sale	60 Commissary	232779	663569	Commissary	-2.64	8.70
09/05/07	Disbursements	81 Legal Postage	248359	Chk #81623	41620, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-4.60	4.10
09/05/07	Disbursements	81 Legal Postage	248359	Chk #81623	41623, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-1.65	2.45
09/05/07	Disbursements	81 Legal Postage	248359	Chk #81623	41624, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-1.65	.80
09/07/07	Payroll	20 Payroll Adjustment	250159		P/R month of 08/2007	2.07	2.87
09/07/07	Payroll	20 Payroll Adjustment	250159		ICI P/R AUG 07	13.75	16.62
09/10/07	Point of Sale	60 Commissary	253779	667441	Commissary	-16.60	.02
10/11/07	Payroll	20 Payroll Adjustment	2841107		ICI P/R SEPT 07	39.86	39.88
10/12/07	Disbursements	90 Medical Co-Pay	285359	Chk #82089	42700, DOC: 523 Fund Reimburse, Inv. Date: 09/11/2007	-2.00	37.88
10/15/07	Point of Sale	60 Commissary	288746	674647	Commissary	-37.61	.27
11/07/07	Payroll	20 Payroll Adjustment	311159		ICI P/R OCT 07	27.42	27.69
11/15/07	Point of Sale	60 Commissary	3197116	682423	Commissary	-27.49	.20
12/07/07	Payroll	20 Payroll Adjustment	341169		ICI P/R NOV 07	27.42	27.62
12/10/07	Point of Sale	60 Commissary	344779	685330	Commissary	-.34	27.28
12/17/07	Point of Sale	60 Commissary	351767	688155	Commissary	-27.24	.04
01/07/08	Payroll	20 Payroll Adjustment	007159		ICI P/R DEC 07	59.22	59.26
01/24/08	Point of Sale	60 Commissary	024793	695422	Commissary	-59.23	.03
02/07/08	Payroll	20 Payroll Adjustment	038159		ICI P/R JAN 08	37.92	37.95
02/11/08	Point of Sale	60 Commissary	0427120	697727	Commissary	-31.67	6.28
02/26/08	Point of Sale	60 Commissary	057779	701947	Commissary	-5.49	.79

Total Inmate Funds: .79

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: .79

Total Furloughs: .00

Total Voluntary Restitutions: .00